

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received

FEB 0 8 2011

Please type or print in ink. NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)	
AAME OF FILER (LAST) Puliafito			Carmen		A.	
			Carrieri			
1. Office, Agency, or Court				······································		
Agency Name						
CIRM Division, Board, Department, District,	if applicable		Your Position			
ICOC			ICOC Member			
► If filing for multiple positions, list be	elow or on an attachmen	t.	TOO WOMEN			
Agency:	Position:					
2. Jurisdiction of Office (Chec	k at least one box)					
State	∑ State		☐ Judge (Statewide Jurisdiction)			
Multi-County			County of			
City of			Other			
3. Type of Statement (Check at	! least one box)				22. J.	
Annual: The period covered is a 2010.		December 31,	Leaving Office: D	ate Left/_		
The period covered is 2010.	/, through	December 31,	 The period cover leaving office. 	ered is January 1	, 2010, through the date of	
Assuming Office: Date	l		 The period covered of leaving office 		, through the da	
Candidate: Election Year	Office	e sought, if differen	than Part 1:			
4. Schedule Summary					9	
Check applicable schedules or "No	one."	► Tota	number of pages incl	uding this cover	page:	
Schedule A-1 - Investments - sc	chedule attached	\boxtimes	Schedule C - Income, Lo	oans, & Business	Positions - schedule attach	
Schedule A-2 - Investments - sc	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached			
Schedule B - Real Property – sc	chedule attached		Schedule E - Income - 0	Gifts – Travel Pay	/ments – schedule attached	
		-or- eportable interests o	n any schedule			
5. Verification						
MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	CITY		STATE	ZIP CODE	
		Los Angel	es	CA		
DAYTIME TELEPHONE NUMBER		E-M	AIL ADDRESS			
I have used all reasonable diligence in herein and in any attached schedules				best of my know	ledge the information contai	
I certify under penalty of perjury u	•	-		e and correct	7	
Date Signed 2/07/	//	Signa				

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Puliafito, Carmen

1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
University of Southern California	Carl Zeiss Meditec, Inc.			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
University Park Campus, Los Angeles, CA 90089	516 Hacienda Drive, Dublin, CA 94568			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Education	Medical Instrumentation			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Dean of Medicine	Research Consultant			
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED			
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000			
\$10,001 - \$100,000 X OVER \$100,000	▼ \$10,001 - \$100,000 □ OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
▼ Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income			
Loan repayment Partnership	Loan repayment Partnership			
Sale of	Sale of			
(Property, car, boat, etc.)	[Sale of(Property, car, boat, etc.)			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
	Danagrah Canaulting			
Other(Describe)	Other Research Consulting (Describe)			
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD			
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received			
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)			
	% None			
ADDRESS (Business Address Acceptable)	70 11010			
	SECURITY FOR LOAN			
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence			
	Real Property			
HIGHEST BALANCE DURING REPORTING PERIOD	Street address			
<u>\$500 - \$1,000</u>				
\$1,001 - \$10,000				
	Guarantor			
OVER \$100,000	Other			
	Other(Describe)			
Comments:				